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## REISSUE PATENT APPLICATION TRANSMITTAL

| Address to:                                                                                                                                              | Attorney Docket No.                                                      | 20253-71466                 |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|--|--|--|--|--|--|
| Assistant Commissioner for Patents                                                                                                                       | First Named Inventor                                                     | Michael Shane Cavanaugh     |  |  |  |  |  |  |
| Box Reissue                                                                                                                                              | Original Patent Number                                                   | 6,065,596                   |  |  |  |  |  |  |
| Washington, DC 20231                                                                                                                                     | Original Patent Issue Date<br>(Month/Day/Year)                           | May 23, 2000                |  |  |  |  |  |  |
|                                                                                                                                                          | Express Mail Label No.                                                   | EV271630787US vi            |  |  |  |  |  |  |
| APPLICATION FOR REISSUE OF:  (Check applicable  Utility Patent                                                                                           | Design Patent Plant Patent                                               |                             |  |  |  |  |  |  |
| APPLICATION ELEMENTS (37 CFR 1.173)                                                                                                                      | ACCOMPANYING APP                                                         | LICATION PARTS              |  |  |  |  |  |  |
| 1. Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. | 10. Statement of status to the claims. See 37 11. Original U.S. Patent   | ` '                         |  |  |  |  |  |  |
| 3. Specification and Claims in double column copy of patent format (amended, if appropriate)                                                             | Ribboned Original                                                        | l Patent Grant              |  |  |  |  |  |  |
| Drawing(s) (proposed amendments, if appropriate)                                                                                                         | Statement of Loss                                                        | (PTO/SB/55)                 |  |  |  |  |  |  |
| 5. Reissue Oath/Declaration (original or copy) (unsigned) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)                                                          | 12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)               |                             |  |  |  |  |  |  |
| 6. Power of Attorney                                                                                                                                     | 13. Information Disclosu Statement (IDS)/PTG                             |                             |  |  |  |  |  |  |
| 7. Original U.S. Patent currently assigned? Yes No                                                                                                       | 14   1                                                                   | of Reissue Oath/Declaration |  |  |  |  |  |  |
| (If Yes, check applicable box(es))                                                                                                                       | (if applicable)                                                          |                             |  |  |  |  |  |  |
| Written Consent of all Assignees (PTO/SB/53)                                                                                                             | 15. Preliminary Amendm                                                   | nent                        |  |  |  |  |  |  |
| 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)                                                                                                                | 16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |                             |  |  |  |  |  |  |
| 8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table                                                                               | 17. Other: (a) Offer to Surrender Original                               |                             |  |  |  |  |  |  |
| 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)                                                  | Patent Grant                                                             |                             |  |  |  |  |  |  |
| a. Computer Readable Form (CFR)                                                                                                                          | (b) Express Mail Certificate                                             |                             |  |  |  |  |  |  |
| b. Specification Sequence Listing on:  i ☐ CD-ROM (2 copies) or CD-R (2 copies); or  ii ☐ paper  c. ☐ Statements verifying identity of above copies      |                                                                          |                             |  |  |  |  |  |  |
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| Address PATENT TRADEMA                                                                                                                                   | rk office Zip Code                                                       |                             |  |  |  |  |  |  |
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| NAME (Print/Type) Ronald S. Henderson                                                                                                                    | Registration No. (Attorney/Agent)                                        | 43669                       |  |  |  |  |  |  |
| NAME (Print/Type) Ronald S. Henderson Signature Ronald S. July                                                                                           | Date                                                                     | July 3, 2003                |  |  |  |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

| REISSUE APPLICATION FEE TRANSMITTAL FORM                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |       |                                    |                                   | Docket Number |                |        |       |        |                                  |          |     |             |     |  |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|-------|------------------------------------|-----------------------------------|---------------|----------------|--------|-------|--------|----------------------------------|----------|-----|-------------|-----|--|-----|--|
| 20253-71466  Claims as Filed - Part 1                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                        |       |                                    |                                   |               |                |        |       |        |                                  |          |     |             |     |  |     |  |
| С                                                                                                                                                                                                                                                                                                                                                                                                                                              | aims in                    |                                        | Numbe | er Filed in                        | ims as                            | (3)           | <u>u - Par</u> |        | Sma   | ıll En | ntity Other than a Small Entity  |          |     | mall Entity |     |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Patent                     |                                        |       | Application                        | Nun                               |               | Extra          | Ra     | ite_  |        | Fee                              | Rate Fee |     | Fee         |     |  |     |  |
| (A)                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12                         | Total Claims<br>(37 CFR 1.16(j))       | (B)   | 12                                 | ***                               | *0            | =              | ×\$    | 9     | =      | \$0                              | or       | ×\$ | 18 =        |     |  | \$0 |  |
| (C)                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                          | Independent claims<br>(37 CFR 1.16(i)) | (D)   | 3                                  | . "                               | 0             | =              | ×\$    | 42    | =      | \$0                              |          | x\$ | 84 =        |     |  | \$0 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                        |       |                                    | Basic                             | Fee           | ∋ (37 C        | FR     |       |        | \$375                            |          |     |             |     |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                        |       |                                    | To                                | otal l        | Filing F       | ee     |       |        | \$375                            |          |     |             |     |  | \$0 |  |
| Claims as Amended - Part 2                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                        |       |                                    |                                   |               |                |        |       |        |                                  |          |     |             |     |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | (1)                                    |       | (2)                                |                                   | 1             | (3)            |        | Sm    | all E  | Entity Other than a Small Entity |          |     |             |     |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | Claims Remaining<br>After Amendment    |       | Highest Nur<br>Previous<br>Paid Fo | st Number Extra<br>viously Claims |               |                | Rate   |       |        |                                  | Rate     |     |             | Fee |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | otal Claims                | 1 13                                   | MINUS | **                                 | <u> </u>                          | =             | 0              | ×\$    | 9     | =      | s                                | 0        | ×\$ | 18          |     |  | \$0 |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                              | ndependent<br>(37 CFR 1.18 | ***                                    | MINUS | *****                              |                                   | =             | 0              | ×\$    | 42    | =      | s                                | 0        | ×\$ | 84          | =   |  | \$0 |  |
| _ <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                        |       |                                    |                                   |               | otal Ad        | dition | al Fe | e      | \$                               | 0        | -   | DR .        |     |  | \$0 |  |
| *** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No |                            |                                        |       |                                    |                                   |               |                |        |       |        |                                  |          |     |             |     |  |     |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   July 3, 2003  Date  Signature of Applicant, Attorney or Agent of Record  Ronald S. Henderson  Typed or printed name                                                                                                                                         |                            |                                        |       |                                    |                                   |               |                |        |       |        |                                  |          |     |             |     |  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No. 43669     |                                        |       |                                    |                                   |               |                |        |       |        |                                  |          |     |             |     |  |     |  |

| CERTIFICATE OF                                             | Docket No.                                                              |                                    |                             |  |  |  |  |  |  |
|------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------|-----------------------------|--|--|--|--|--|--|
| Applicant(s): Michael Si                                   |                                                                         |                                    | 20253-71466                 |  |  |  |  |  |  |
|                                                            |                                                                         |                                    |                             |  |  |  |  |  |  |
| Serial No.                                                 | Filing Date                                                             | Examiner                           | Group Art Unit              |  |  |  |  |  |  |
| Unknown                                                    | Herewith                                                                | Unknown                            | Unknown                     |  |  |  |  |  |  |
| invention: CONTAINER FOR SHARP INSTRUMENTS                 |                                                                         |                                    |                             |  |  |  |  |  |  |
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| I hereby certify that the                                  | e following correspondence:                                             |                                    |                             |  |  |  |  |  |  |
| Thereby certify that the                                   | , rollowing correspondence.                                             |                                    |                             |  |  |  |  |  |  |
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|                                                            | R 1.173(C); Declaration by Inventory<br>y Amendment; Information Disclo |                                    | r Original Patent Grant     |  |  |  |  |  |  |
| (unsigned); Freiminar                                      | · · · · · · · · · · · · · · · · · · ·                                   |                                    |                             |  |  |  |  |  |  |
|                                                            | (Identify type o                                                        | of correspondence)                 |                             |  |  |  |  |  |  |
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| CFR 1.10 in an envelo                                      | pe addressed to: Commissioner                                           | for Patents, P.O. Box 1450, Ale    | exandria, VA 22313-1450 on  |  |  |  |  |  |  |
|                                                            |                                                                         |                                    |                             |  |  |  |  |  |  |
|                                                            | July 3, 2003                                                            |                                    |                             |  |  |  |  |  |  |
|                                                            | (Date)                                                                  |                                    |                             |  |  |  |  |  |  |
|                                                            |                                                                         | Karen Tayl                         |                             |  |  |  |  |  |  |
|                                                            |                                                                         | (Typed or Printed Name of Person M | ailing Correspondence)      |  |  |  |  |  |  |
|                                                            |                                                                         | Harris I                           | and a                       |  |  |  |  |  |  |
|                                                            |                                                                         | (Signature of Person Mailing       | Correspondence)             |  |  |  |  |  |  |
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